

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/589424	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3					/		53						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	/	↓		↓	TOTAL IND.		↓			↓	
TOTAL DEP.	←		9	←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS			10				TOTAL CLAIMS						